



Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

for FY 2005

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ ) 1920.00

## Complete if Known

Application Number	10/526,530
Filing Date	March 2, 2005
First Named Inventor	Terry Wayne Lockridge
Examiner Name	Jonathan V. Lewis
Art Unit	2425
Attorney Docket No.	PU020414

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit card ☐ Money Order

☐ None ☐ Other (please identify):

Customer Number 24498

☒ Deposit Account: Deposit Account Number 07-0832

Deposit Account Name: THOMSON LICENSING LLC

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below

☐ Charge fee(s) indicated below, except for the filing fee

☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17

☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	Small Entity	
	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fee (\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

Small Entity	Fee (\$)	Fee (\$)
50		25

Each independent claim over 3 (including Reissues)

200		100
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Multiple dependent claims

360		180
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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Multiple Dependent Claims
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\_\_\_\_\_ - 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

Fee (\$)	Fee Paid (\$)
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HP = highest number of total claims paid for, if greater than 20.

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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\_\_\_\_\_ - 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____ - 100 = _____	_____ / 50 = _____	_____ (round up to a whole number) x _____	_____	_____

#### 4. OTHER FEE(S)

Extension for response within third month

Fees Paid (\$)

1110.00

RCE Fee

810.00

#### SUBMITTED BY

Name (Print/Type)	Vincent E. Duffy	Registration No. (Attorney/Agent)	39,964	Telephone	(818) 480-5223
Signature				Date	5/22/09

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 20 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

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# **FREE TRANSMITTAL** for FY 2005

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**AMOUNT OF PAYMENT** (\$) 1920.00

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First Named Inventor Terry Wayne Lockridge  
Examiner Name Jonathan V. Lewis  
Art Unit 2425  
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## **FEE CALCULATION**

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	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	
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### **2. EXCESS CLAIM FEES**

Fee Description	Small Entity	Fee (\$)	Fee Paid (\$)
Each claim over 20 (including Reissues)	50	25	
Each independent claim over 3 (including Reissues)	200	100	
Multiple dependent claims	360	180	
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>	<b>Fee Paid (\$)</b>
- 20 or HP =	x	=	
HP = highest number of total claims paid for, if greater than 20.			

Independent Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
- 3 or HP =	x	=	
HP = highest number of independent claims paid for, if greater than 3.			

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### **4. OTHER FEE(S)**

Extension for response within third month

**Fees Paid (\$)**  
**1110.00**

RCE Fee

**810.00**

## **SUBMITTED BY**

Name (Print/Type) Vincent E. Duffy Registration No. (Attorney/Agent) 39,964 Telephone (818) 480-5223  
Signature Date: 5/22/09

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